FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V48169** **(9)**

1. Corporation Name

COCONUT CREEK MOBIL, INC.

Principal Place of Business	Mailing Address
COCONUT CREEK MOBIL, INC. 3900 COCONUT CREEK PKWY COCONUT CREEK FL 33066 US	3345 CLEVELAND ST. HOLLYWOOD FL 33021 US

3. Date Incorporated or Qualified: **07/07/1992**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0342364** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 COCONUT CREEK MOBIL INC	26 3345 CLEVELAND ST.
Suite, Apt. #, etc. 22 3900 COCONUTCREEKPKWY	Suite, Apt. #, etc. 27 HOLLYWOOD
City & State 23 COCONUTCREEK, FL 33066	City & State 28 HOLLYWOOD, FLORIDA
Zip / Country 24 33066 / 25 BROWARD	Zip / Country 29 33021 / 30 BROWARD

9. Name and Address of Current Registered Agent

MAKHANLALL, BHAGVATEE
3345 CLEVELAND ST.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: N/A

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: N/A (Signature, typed or printed name of Registered Agent and Title if applicable) (Registered Agent's signature required if filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MAKHANLALL, ROY		1.2 NAME	
STREET ADDRESS	3345 CLEVELAND ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MAKHANLALL, BHAGVATEE		2.2 NAME	
STREET ADDRESS	3345 CLEVELAND ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roy H. Makhanlall Roy H. MAKHANLALL 4-10-96 (954) 981-0519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)